

AUTOMOBILE LOSS NOTICE

Date of Report: _____

State of Hawaii
DAGS – ASO Risk Management Office
P.O. Box 119
Honolulu, Hawaii 96810-0119

Department: _____

Date of Accident: _____

Time of Accident: _____

Location of Accident: _____

HPD Notified: _____ Y _____ N

Police Report No: _____

DESCRIPTION OF ACCIDENT:

State vehicle:

Year, Make & Model: _____ License Plate No: _____

Vehicle Identification No. (serial no.) _____

Describe Damage _____

Estimate Amount \$ _____

State Driver's Name & Work Place Address:

Work Phone No: _____

Home Phone No: _____

State Driver's License No: _____ Expiration Date: _____

At the time of accident, what was purpose of trip? _____

OTHER VEHICLE(S) INVOLVED OR PROPERTY:

Describe Property (if auto, year, make, model & license plate no.)

Describe Damaged Vehicle:

Estimate Amount: \$

Owner's Name & Address:

Work Phone No:

Home Phone No:

Other Driver (if different from owner) Name, Address:

Work Phone No:

Home Phone No:

Identify All Injured:

Name & Address

Phone Numbers

Identify All Witnesses:

Name & Address

Phone Numbers

Additional Comments:

Reported by:

Reported to:

Signature of Supervisor: